

Pneumonia (PNEU)

*required **required for saving

*Facility ID # : _____		*Event # : _____	
*Patient ID # : _____		Social Security # : _____ - _____ - _____	
Secondary ID # : _____			
Patient Name, Last: _____		First: _____	Middle: _____
*Gender: <input type="checkbox"/> F <input type="checkbox"/> M		*Date of Birth: ____ / ____ / ____	
Ethnicity (specify): _____		Race (specify): _____	
*Event Type: <u> PNEU </u>		*Date of Event: ____ / ____ / ____	
*Post-procedure PNEU: <input type="checkbox"/> Y <input type="checkbox"/> N		Date of Procedure: ____ / ____ / ____	
NHSN Procedure Code: _____		ICD-9-CM Procedure Code: _____	
*Location: _____		*Date Admitted to Facility: ____ / ____ / ____	
MDRO Infection: <input type="checkbox"/> Y <input type="checkbox"/> N			
Risk Factors:			
*Ventilator: <input type="checkbox"/> Y <input type="checkbox"/> N		Location of Device Insertion: _____	
		Date of Device Insertion: ____ / ____ / ____	
FOR NICU only: _____		Birth weight: _____ grams	
Event Details *PNEU			
_____ Clinically defined pneumonia (PNU1) - Specify criterion used: _____			
_____ Pneumonia with specific laboratory findings (PNU2) - Specify criterion used: _____			
_____ Pneumonia in immunocompromised patients (PNU3) - Specify criterion used: _____			
*Secondary Bloodstream Infection: <input type="checkbox"/> Y <input type="checkbox"/> N			
**Died: <input type="checkbox"/> Y <input type="checkbox"/> N		PNEU Contributed to Death: <input type="checkbox"/> Y <input type="checkbox"/> N	
Discharge Date: ____ / ____ / ____			
*Pathogens Identified: <input type="checkbox"/> Y <input type="checkbox"/> N		If Yes, specify on reverse →	
Custom Fields			
Label		Label	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Comments			

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

